

BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of

**GERALD J. TAITAGUE, M.D.**

Holder of License No. 26182  
For the Practice of Allopathic Medicine  
In the State of Arizona.

Case Nos. MD-07-1052A  
MD-08-0121A  
MD-08-0333A

**CONSENT AGREEMENT FOR  
DECREE OF CENSURE AND  
PROBATION**

**CONSENT AGREEMENT**

By mutual agreement and understanding, between the Arizona Medical Board ("Board") and Gerald J. Taitague, M.D. ("Respondent"), the parties agree to the following disposition of this matter.

1. Respondent has read and understands this Consent Agreement and the stipulated Findings of Fact, Conclusions of Law and Order ("Consent Agreement"). Respondent acknowledges that he has the right to consult with legal counsel regarding this matter.

2. By entering into this Consent Agreement, Respondent voluntarily relinquishes any rights to a hearing or judicial review in state or federal court on the matters alleged, or to challenge this Consent Agreement in its entirety as issued by the Board, and waives any other cause of action related thereto or arising from said Consent Agreement.

3. This Consent Agreement is not effective until approved by the Board and signed by its Executive Director.

4. The Board may adopt this Consent Agreement or any part thereof. This Consent Agreement, or any part thereof, may be considered in any future disciplinary action against Respondent.

1           5.     This Consent Agreement does not constitute a dismissal or resolution of  
2 other matters currently pending before the Board, if any, and does not constitute any  
3 waiver, express or implied, of the Board's statutory authority or jurisdiction regarding any  
4 other pending or future investigation, action or proceeding. The acceptance of this  
5 Consent Agreement does not preclude any other agency, subdivision or officer of this  
6 State from instituting other civil or criminal proceedings with respect to the conduct that is  
7 the subject of this Consent Agreement.

8           6.     All admissions made by Respondent are solely for final disposition of this  
9 matter and any subsequent related administrative proceedings or civil litigation involving  
10 the Board and Respondent. Therefore, said admissions by Respondent are not intended  
11 or made for any other use, such as in the context of another state or federal government  
12 regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or  
13 any other state or federal court.

14          7.     Upon signing this agreement, and returning this document (or a copy thereof)  
15 to the Board's Executive Director, Respondent may not revoke the acceptance of the  
16 Consent Agreement. Respondent may not make any modifications to the document. Any  
17 modifications to this original document are ineffective and void unless mutually approved  
18 by the parties.

19          8.     If the Board does not adopt this Consent Agreement, Respondent will not  
20 assert as a defense that the Board's consideration of this Consent Agreement constitutes  
21 bias, prejudice, prejudgment or other similar defense.

22          9.     This Consent Agreement, once approved and signed, is a public record that  
23 will be publicly disseminated as a formal action of the Board and will be reported to the  
24 National Practitioner Data Bank and to the Arizona Medical Board's website.

1        10. If any part of the Consent Agreement is later declared void or otherwise  
2 unenforceable, the remainder of the Consent Agreement in its entirety shall remain in force  
3 and effect.

4        11. Any violation of this Consent Agreement constitutes unprofessional conduct  
5 and may result in disciplinary action. A.R.S. § § 32-1401(27)(r) ("[v]iolating a formal order,  
6 probation, consent agreement or stipulation issued or entered into by the board or its  
7 executive director under this chapter") and 32-1451.

8        12. ***Respondent has read and understands the conditions of probation.***

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12 GERALD J. TAITAGUE, M.D.

DATED: 3 APRIL 09

1 **FINDINGS OF FACT**

2 1. The Board is the duly constituted authority for the regulation and control of  
3 the practice of allopathic medicine in the State of Arizona.

4 2. Respondent is the holder of license number 26182 for the practice of  
5 allopathic medicine in the State of Arizona.

6 3. The Board initiated case number MD-07-1052A after receiving a complaint  
7 alleging Respondent attempted to fill controlled substances for patients JP and DP.  
8 Subsequently, the Board received complaints for case numbers MD-08-0121A and MD-08-  
9 0333A regarding Respondent's care and treatment of a forty-five year-old female ("TW")  
10 and male patient ("RM").

11 4. JP established care with Respondent for orthopedic injuries sustained in a  
12 car accident and reported being treated with opioids for extremity and lower back pain.  
13 There was no indication that Respondent obtained past medical records, diagnostic  
14 studies, or referred JP to a specialist for his chronic pain. During the Board's investigation,  
15 Staff obtained pharmacy surveys that showed Respondent provided JP with several  
16 prescriptions for narcotics with early refills and dose escalations without any therapeutic  
17 indications. There also was no documented physical examination to address findings of  
18 chronic pain. Further, there was no indication that Respondent recognized any problems  
19 suggestive of noncompliance and aberrant drug seeking behavior.

20 5. DP was treated by Respondent for complaints of chronic orthopedic pain and  
21 anxiety with opioids from November 2006 through November 2007. Respondent provided  
22 narcotic prescriptions with early refills and dose escalations without any therapeutic  
23 indications. There was no indication that Respondent communicated with DP's current  
24 prescribing physician that he had assumed prescribing responsibility. Respondent  
25 obtained DP's magnetic resonance imaging report of January 17, 2005 that showed

1 degenerative changes at L4 – L5; however, there was no evidence that Respondent  
2 obtained other past medical records.

3         6. Respondent treated TW from April 2006 through February 2008 with shorting  
4 acting opioids for pelvic and lower back pain. There was no indication that Respondent  
5 obtained past medical records, diagnostic studies, or communicated with TW's current  
6 prescribing physician. Subsequently, TW underwent a total hysterectomy with a Bilateral  
7 Salpingo-Oophorectomy performed by a gynecologist. Respondent treated TW's persistent  
8 postoperative abdominal pain with opioids for eighteen months without requiring input or  
9 further evaluation by the gynecologist. Additionally, Respondent documented repeated  
10 prescriptions for Percocet with early refills and dose escalations without any therapeutic  
11 indications. TW subsequently was admitted for inpatient opioid detoxification.

12         7. Respondent treated RM from November 2006 through April 2008 with  
13 escalating dosages of multiple short acting opioids with frequent early refills for lower back  
14 pain. Again, there was no indication that Respondent obtained past medical records,  
15 diagnostic studies, or communicated with RM's current prescribing physician. Respondent  
16 ordered a urine drug screen which was consistent with noncompliance as there were  
17 controlled substances present that were not prescribed by Respondent. There was no  
18 indication that Respondent followed up on the results.

19         8. The standard of care when evaluating and prescribing long term opioids for  
20 chronic pain patients requires a physician to obtain consultations and diagnostic studies; to  
21 provide non-opioid medications, a multidisciplinary approach, and close monitoring as  
22 indicated; and to recognize behavior suggestive of noncompliance and/or aberrant drug  
23 seeking. The standard of care also requires a physician to inform the current prescribing  
24 physician of the plan to assume responsibility for future ongoing controlled substance  
25 prescribing.

9. Respondent deviated from the standard of care because he did not obtain consultations or diagnostic studies for the patients; he did not provide non-opioid medications, a multidisciplinary approach or close monitoring as indicated; and he did not recognize behavior suggestive of noncompliance or aberrant drug seeking. Respondent deviated from the standard of care because he did not communicate with the patient's current prescribing physician that he had assumed the prescribing responsibility.

10. JP may have had cervical spine pathology, orthopedic joint pathology, or reflex sympathetic dystrophy that would have improved if properly addressed by an appropriate specialist. DP may have continued to obtain duplicative prescriptions for controlled substances with associated harm to self and others. All the patients' perpetuation of aberrant drug seeking behavior could have resulted in addiction and/or diversion and in the case of TW it resulted in inpatient opioid detoxification. There was also concern of hepatotoxicity, overdose, aspiration, respiratory depression, brain damage, and death.

11. A physician is required to maintain adequate legible medical records containing, at a minimum, sufficient information to identify the patient, support the diagnosis, justify the treatment, accurately document the results, indicate advice and cautionary warnings provided to the patient and provide sufficient information for another practitioner to assume continuity of the patient's care at any point in the course of treatment. A.R.S. § 32-1401(2). Respondent's records were inadequate because there was no documented physical examination prior to prescribing medications and no therapeutic indication for the early refills and dose escalations.

## CONCLUSIONS OF LAW

1. The Board possesses jurisdiction over the subject matter hereof and over Respondent.



1 medicine. Periods of temporary or permanent residence or practice outside Arizona or of  
2 non-practice within Arizona, will not apply to the reduction of the probationary period.

3 d. After five years, Respondent may petition to terminate the probation.  
4 The Executive Director may require any combination of staff approved physical  
5 examination, psychiatric and/or psychological evaluations, or successful passage of the  
6 Special Purpose Licensing Examination or other competency examination/evaluation or  
7 interview she finds necessary to assist her in determining whether to terminate the  
8 probation. Respondent is responsible for all expenses related to any evaluation.

9 3. This Order is the final disposition of case number MD-07-1052A.

10 DATED AND EFFECTIVE this 4<sup>th</sup> day of June, 2009.



ARIZONA MEDICAL BOARD

16 By Lisa S. Wynn  
17 / Executive Director

18 ORIGINAL of the foregoing filed  
19 this 4<sup>th</sup> day of June, 2009 with:

20 Arizona Medical Board  
21 9545 E. Doubletree Ranch Road  
22 Scottsdale, AZ 85258

23 EXECUTED COPY of the foregoing mailed  
24 this 4<sup>th</sup> day of June, 2009 to:

25 Gerald J. Taitague, M.D.  
Address of Record

Korinda Corley  
Investigational Review